
County: Rock BELOIT HEALTH/REHAB CENTER 1905 WEST HART ROAD BELOIT 53511 Phone: (608) 365-2554
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 148
Total Licensed Bed Capacity (12/31/00): 148
Number of Residents on 12/31/00: 141 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 141

Services Provided to Non-Residents	1	Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/00)	Length of Stay (12/31/00)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	39. 0
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	0. 0	Under 65	4. 3	1 - 4 Years More Than 4 Years	44. 0 17. 0
Day Servi ces	No	Mental Illness (Org./Psy)	7. 1	65 - 74	12. 8		
Respi te Care	No	Mental Illness (Other)	3. 5	75 - 84	46. 1		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	28. 4	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 7	95 & 0ver	8. 5	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	1.4			Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	15. 6	[100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	17. 7	65 & 0ver	95. 7	[
Transportati on	No	Cerebrovascul ar	7. 8			RNs	7. 6
Referral Service	No	Di abetes	3. 5	Sex	%	LPNs	9. 3
Other Services	No	Respi ratory	12. 8			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	29. 8	Male	27. 0	Aides & Orderlies	29. 9
Mentally Ill	No			Femal e	73. 0		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
********************	****	·***********************	******		******	*************	*****

Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay	 !	Manageo	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	3	3. 2	\$112.62	0	0. 0	\$0.00	1	4. 5	\$143.50	0	0. 0	\$0.00	4	2. 8%
Skilled Care	25	100.0	\$263.69	91	96.8	\$96. 36	0	0. 0	\$0.00	21	95. 5	\$138.00	0	0. 0	\$0.00	137	97. 2%
Intermediate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	i. 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	25	100.0		94	100. 0		0	0.0		22	100.0		0	0.0		141	100.0%

Admissions, Discharges, and		Percent Distribution	$of\ Residents'$	Condi ti o	ns, Services	s, and Activities as o	f 12/31/00
Deaths During Reporting Period				0/	Nood: no		Tatal
Percent Admissions from:		Activities of	%		Needi ng stance of	% Totally	Total Number of
Private Home/No Home Health	1. 1	Daily Living (ADL)	Independent		r Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathing	1. 4	0110	77. 3	21. 3	141
Other Nursing Homes	0.4	Dressi ng	9. 9		67. 4	22. 7	141
Acute Care Hospitals	97. 2	Transferring	25. 5		59. 6	14. 9	141
Psych. HospMR/DD Facilities	1. 1	Toilet Use	21. 3		68. 1	10. 6	141
Rehabilitation Hospitals	0.4	Eating	73. 0	ale ale ale ale ale ale ale ale	21. 3	5. 7	141
Other Locations	0.0	*********	*******	******	******		*******
Total Number of Admissions	283	Continence	1 Cathatan		Special Trea		% 7 1
Percent Discharges To: Private Home/No Home Health	39. 6	Indwelling Or Externation Occ/Freq. Incontinent		8. 5 46. 1	Receiving	Respiratory Care Tracheostomy Care	7. 1 0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontinent 0cc/Freq. Incontinent		34. 0		Suctioning	0. 0 0. 7
Other Nursing Homes	0. 0	dee/freq. Theonernene	. OI DOWEI	34. 0		Ostomy Care	2. 1
Acute Care Hospitals	34. 0	Mobility				Tube Feeding	9. 9
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	l	6. 4		Mechanically Altered	
Reĥabilitation Hospitals	0.0	3			8	3	
Other Locations	5.6	Skin Care				ent Characteristics	
Deaths	20. 5	With Pressure Sores		5. 0		nce Directives	83. 7
Total Number of Discharges		With Rashes		0. 7	Medi cations		
(Including Deaths)	268			***	Recei vi ng	Psychoactive Drugs	39. 7
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	*****	r m m m m m m m m m m m m m m m m m m m	*****	~~~~~	~~~~~~	· · · · · · · · · · · · · · · · · · ·	~~~~~~~~~~

	Ownershi p:		Bed	Si ze:	Li ce	ensure:			
	This Proprietary		100- 199		Skilled		Al l		
	Facility Peer Group		Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95. 3	82. 5	1. 15	83. 6	1. 14	84. 1	1. 13	84. 5	1. 13
Current Residents from In-County	86. 5	83. 3	1.04	86. 1	1.00	83. 5	1.04	77. 5	1. 12
Admissions from In-County, Still Residing	18. 7	19. 9	0. 94	22. 5	0.83	22. 9	0. 82	21. 5	0. 87
Admissions/Average Daily Census	200. 7	170. 1	1. 18	144. 6	1. 39	134. 3	1. 49	124. 3	1. 62
Discharges/Average Daily Census	190. 1	170. 7	1. 11	146. 1	1. 30	135. 6	1.40	126. 1	1.51
Discharges To Private Residence/Average Daily Census	75. 2	70.8	1.06	<b>56</b> . 1	1. 34	<b>53. 6</b>	1.40	49. 9	1.51
Residents Receiving Skilled Care	100	91. 2	1. 10	91. 5	1.09	90. 1	1. 11	83. 3	1. 20
Residents Aged 65 and Older	95. 7	93. 7	1. 02	92. 9	1.03	92. 7	1.03	87. 7	1.09
Title 19 (Medicaid) Funded Residents	66. 7	62. 6	1. 07	63. 9	1.04	63. 5	1.05	69. 0	0. 97
Private Pay Funded Residents	15. 6	24. 4	0. 64	24. 5	0.64	27. 0	0. 58	22. 6	0. 69
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 8	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Résidents	10. 6	30.6	0. 35	36. 0	0. 30	37. 3	0. 29	33. 3	0. 32
General Medical Service Residents	29. 8	19. 9	1. 50	21. 1	1.41	19. 2	1. 55	18. 4	1. 62
Impaired ADL (Mean)	44. 5	48. 6	0. 92	50. 5	0. 88	49. 7	0. 90	49. 4	0. 90
Psychological Problems	39. 7	47. 2	0.84	49. 4	0.80	50. 7	0. 78	50. 1	0. 79
Nursing Care Required (Mean)	6. 6	6. 2	1. 08	6. 2	1.08	6. 4	1.03	7. 2	0. 93